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one's professional duties are ended, just because one is well paid for doing so. Criticism is brought upon the Private Duty Group by just such situations as the last one described in this letter.—Ed.)

ETIQUETTE FOR OFFICERS OF THE POST, AS A NURSE SEES IT

Dear Editor: I thought at this time, when the subject of Rank for Nurses is being widely discussed, you would be interested in seeing the following Rules for Etiquette which I cut from an Army Post magazine:

"With humble apologies to the very few to whom this does not apply: 1. Officers should always enter the bus first, especially when there is a group of nurses waiting. 2. On rainy days inside seats are reserved for officers. The nurses enjoy the rain. 3. Ward surgeons to have no conversation with the nurses in charge, all communications to be written and left on desk. 4. Never offer a graduate nurse a chair, they do enjoy standing. 5. When addressing a nurse—put your feet on the desk, lean back and be comfortable. They are getting used to it. 6. When nothing else to do take a trip up the ward and look for dirt, you will find it. 7. When an operation is to be performed, never notify the operating room, it might be ready. 8. Never do dressings in the morning. The nurses enjoy doing them in the afternoon. 9. When addressing nurse in charge of ward, never call her by name, just yell 'Nurse' and see what happens. 10. Never ask a nurse about her patients, she might be able to give you some information. 11. If in doubt about the use of the two little words 'please' and 'thank you,' consult Webster, as these words are apparently becoming obsolete in the Army. 12. If you see any candy on the desk, help yourself, but don't ever bring any. 13. Whenever possible, all cigarette ashes and butts are to be scattered around the desk, as it almost makes us feel at home. 14. When all is said and done, and you come to the end of a busy day, bid the nurse 'Good-night' and smile, even if it hurts at first. 15. Co-operation is needed, any suggestions, rules or regulations for graduate nurses will be cheerfully received and acted upon if possible. Here is your chance; knock back."

From Home Again.

THE HIGHER MISSION OF THE ARMY NURSE

Dear Editor: Someone said to me recently, "Army nurses have lost the true spirit, they are no longer interested in their work and are making every effort to return to civilian life." Personally, I cannot believe that our nurses have lost the spirit of service, and that they, in this huge task of reconstruction, will fail to "carry on." I am convinced that, with a few exceptions, the nurses, who have served with me during the past year, are still filled with the same spirit and enthusiasm with which they entered the service. Now that hostilities are over, those who enrolled with a purely selfish motive, naturally do not view the tremendous task before them and their great privilege as nurses, in the true light. The men who are returning to our hospitals have, unconsciously perhaps, raised for themselves the standard of womanhood as depicted in the daily service rendered by our splendid American nurses at the front. Shall we, who through no lack of patriotism, felt it our duty to serve over here, fail to measure up to this standard? Shall we not "carry on" as long as the Government needs our services, even until the last man has returned and has been restored to his full capacity for service? This stupendous work of reconstruction, unheard of in any previous war, has just begun in our country, and we have the privilege of sharing in it in

a very definite way because we come in closer touch with the men than do other workers. Our work is not only assisting in their physical restoration, but is psychological as well. Every patient, more especially the amputation case, entering our portals, is a psychological problem and the greater his disability, the greater the problem. Often in his own eyes he is an object of pity, has lost his status in his own walk of life and shrinks from anything approaching sympathy with a feeling of horror. Because of the mother instinct in all true women and because we realize the seriousness of our work, nurses, having the right spirit, can do more toward restoring a maimed soldier's mental poise than can any one else. They see him when he is off his guard, when all his defences are down, when hopelessness has dispelled the spirit of cheer temporarily put on for his visitors. By carefully avoiding even a suggestion of pity or hero worship, they may daily and hourly influence him in such a way that he gradually finds himself once more, and views his disability not as a means of obtaining a large compensation from the Government and living in idleness the rest of his life, but as a means of obtaining a position of possibly even greater usefulness than before. They may also help prove to him that he need only be as useless as he himself chooses to be. That is our mission in addition to helping, materially, by using our knowledge and experience, to restore every wounded man, needing our care, to a life of usefulness. After all, they were willing, if need be, to give their lives for us; do we not owe them something in return? The Government has provided instructors and workers of all kinds to help the men in every possible way, but it remains for us, the "Mothers of Men," to help restore their mental poise. Shall we fail in our mission? From a purely economic standpoint, a nurse, serving in an army hospital and receiving \$60 per month, fares better, financially, than do most nurses doing private duty at the present time, providing they cannot live at home. Nurses in public health work receive, on the average, from \$90 to \$100 per month. Out of this salary must come living expenses higher than ever before. Shall not we, who have this privilege, and who have no ties demanding our immediate attention, with one accord, put our shoulders to the wheel and do our share, a very large one, in the rehabilitation of those who fought for us so valiantly and demonstrated so effectively, to all other nations, the "Spirit of America" in the recent conflict?

U. S. A. General Hospital

J. M. S.

THE ONCE-A-YEAR EXAMINATION

Why should not every person of the cancer age go to her physician once a year, even if she has no serious symptoms, and learn whether a cancer is present or not? In the vast majority of cases an answer can be given. If the cancer is found early, it is likely to be so small that a competent surgeon will be able to remove it, with every hope not only that life will be prolonged but that the tumor will never return. The results of the best modern surgery in cancer are quite extraordinary. Cancer of the lip in its early stages can be cured in ninety per cent of the cases; cancer of the breast, if taken early enough, certainly in half of the cases, and cancer of the womb in a quarter of the cases. No other means of treatment offers the same amount of hope. To delay means certain death, for cancer does not cure itself.—From *Campaign Notes*, American Society for the Control of Cancer.